



FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

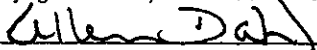
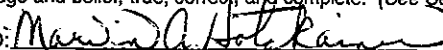
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 		1. FILE NUMBER 045-643	2. PERIOD COVERED MO DAY YEAR From 07 01 2000 Through 06 30 2001	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
KEVIN LYNCH (2) 045-643 CARPENTERS AFL-CIO 331 IU 606 307 1ST ST N RM 202 VIRGINIA, MN 55792 6/2001 				8. MAILING ADDRESS (Type or print in capital letters.) First Name _____ Last Name _____ P.O. Box • Building and Room Number (if any) _____ Number and Street _____ City _____ State _____ ZIP Code + 4 _____
4. AFFILIATION OR ORGANIZATION NAME _____				
5. DESIGNATION (Local, Lodge, etc.) _____		6. DESIGNATION NUMBER _____		
7. UNIT NAME (if any) _____				
9. Are your organization's records kept at its mailing address? Yes <input type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)				

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	
14.	Audit performed by outside accounting firm - Walker, Giroux & Hahne, Ltd.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  <u>9 124 1 01</u> (218) 741 - 6010 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  <u>9 124 1 01</u> (218) 741 - 6010 Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | <input checked="" type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | <input checked="" type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 534
19. What is the date of your organization's next regular election of officers? MO 06 YEAR 2002
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 50,000
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>24.00</u> per <u>Month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>300.00</u>
(c) Transfer Fees	\$ <u>None</u>
(d) Work Permits	\$ <u>None</u> per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 045-643

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

ASSETS	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
	25. Cash.....	1	175 292	205 308
	26. Accounts Receivable.....		0	0
	27. Loans Receivable.....		0	0
	28. U.S. Treasury Securities.....		0	0
	29. Investments.....	2	0	0
	30. Fixed Assets.....	5	118 448	137 185
	31. Other Assets.....	3	0	0
	32. TOTAL ASSETS.....		293 740	342 493
LIABILITIES	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable.....	8	0	0
	34. Loans Payable.....		0	0
	35. Mortgages Payable.....		0	0
	36. Other Liabilities.....		4	0
	37. TOTAL LIABILITIES.....		0	0
	38. NET ASSETS (Item 32 less Item 37).....		293 740	342 493

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 045-643

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues		136077	56. To Officers	9	5628
40. Per Capita Tax		0	57. To Employees	10	23976
41. Fees		2205	58. Per Capita Tax		60047
42. Fines		0	59. Fees, Fines, Assessments, etc.		0
43. Assessments		2522	60. Office & Administrative Expense	13	26123
44. Work Permits		0	61. Educational & Publicity Expense ...		2924
45. Sale of Supplies		44	62. Professional Fees		1920
46. Interest		6427	63. Benefits	11	14397
47. Dividends		0	64. Contributions, Gifts & Grants	12	1434
48. Rents		34090	65. Supplies for Resale		2102
49. Sale of Investments & Fixed Assets	6	0	66. Direct Taxes		2445
50. Loans Obtained	8	0	67. Withholding Taxes		7577
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	21552
52. On Behalf of Affiliates for Transmittal to Them		17517	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	30131	71. To Affiliates of Funds Collected on Their Behalf		15695
			72. On Behalf of Individual Members ...		0
			73. Other Disbursements	15	13177
55. TOTAL RECEIPTS		229013	74. TOTAL DISBURSEMENTS		198997

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 045-643

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in ↑ Item 27 ↑ Item 69 ↑ Item 51 ↑ Item 75 ↑ Item 27 <div style="display: flex; justify-content: space-between; width: 100%;"> Column (A) with Explanation Column (B) </div>					

SCHEDULE 2 — INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: 045-643

SCHEDULE 3 — OTHER ASSETS

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	
Enter the Total from Line 7 in _____ Item 29, Column (B)	

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in _____ Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in _____ Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 045-643


Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location): Virginia + Bemidji, MN	128779	2989	125790	125790
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	14400	3005	11395	11395
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	143179	5994	137185	137185
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS






Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 045-643

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Furnace	1790	1790	1790
2. Windows; Virginia, MN	11550	11550	11550
3. Flooring/Carpeting	8212	8212	8212
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	21552	21552	21552
	7. Less Reinvestments		
	8. Net Purchases		21552
Enter the Total from Line 8 in  Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in  Item 34 Column (C)  Item 50  Item 70  Item 75 with Explanation  Item 34 Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 045-643

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name: DAHL First Name: ALLEN Title: PRESIDENT Status: C		61	312	0	0	373
2. Last Name: BAKK First Name: THOMAS Title: VICE-PRESIDENT Status: C		0	228	796	50	1074
3. Last Name: STAUDAHAR First Name: PAUL Title: RECORDING SEC Status: C		0	450	0	200	650
4. Last Name: HOTAKAINEN First Name: MARVIN Title: TREASURER Status: C		0	550	35	0	585
5. Last Name: LYNCH First Name: KEVIN Title: FINANCIAL SEC Status: C		0	275	614	0	889
6. Last Name: ERICKSON First Name: BRUCE Title: TRUSTEE Status: C		0	250	0	0	250
7. Last Name: DICKSON First Name: SCOTT Title: TRUSTEE Status: C		0	275	35	0	310
8. Totals from additional pages (if any)		162	1172	0	200	1534
9. Totals of Lines 1 through 8		223	3512	1480	450	5665
				10. Less Deductions		31
Enter the Total from Line 11 in Item 56 →				11. Net Disbursements		5628

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 045-643

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>1. EDMAN NANCY</div> <div>Position</div> <div>OFFICE MANAGER</div> <div>Name of Affiliated Organization</div> </div>	28585	0	0	0	28585
<div> <div>Last Name</div> <div>First Name</div> <div>2.</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>3.</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>4.</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> <div>5.</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	2931	0	0	0	2931
8. Totals of Lines 1 through 7	31516	0	0	0	31516
Enter the Total from Line 10 in..... Item 57 ⇒			9. Less Deductions 7540		
			10. Net Disbursements 23976		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 045-643

Description (A)	To Whom Paid (B)	Amount (C)
1. Pension and education	Wisconsin Carpenters' Health & Pension Funds	5816
2. Health and welfare	Duluth Building Trades	6500
3. Supplemental retirement	Duluth Building Trades	2081
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		14391
Enter the Total from Line 6		↑ Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Gifts to members	1434
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	1434
Enter the Total from Line 8 in	
↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Telephone & utilities	14689
2. Insurance	2282
3. Postage	2636
4. Supplies	3113
5. Rent	2088
6. Bank Charges & Other	1315
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	26123
Enter the Total from Line 8 in	
↑ Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. Reimbursements	26446
2. Miscellaneous	600
3. Advertising	3085
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	30131
Enter the Total from Line 17 in  Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Repairs + maintenance	4408
2. Real estate taxes	5338
3. Meetings	1853
4. Conferences/Conventions	1346
5. Reimbursements	232
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	13177
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME:
United Brotherhood of Carpenters + Joiners of America
 ENDING DATE OF PERIOD COVERED: 06/30/01

FILE NUMBER: 045-643
 PAGE 1 OF 1 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name <u>WRIGHT</u> First Name <u>WILLIAM</u> Title <u>TRUSTEE</u> Status <u>C</u>		<u>0</u>	<u>250</u>	<u>0</u>	<u>0</u>	<u>250</u>
Last Name <u>DOSTAL</u> First Name <u>JON</u> Title <u>CONDUCTOR</u> Status <u>C</u>		<u>0</u>	<u>592</u>	<u>0</u>	<u>200</u>	<u>792</u>
Last Name <u>GUSTAFSON</u> First Name <u>JON</u> Title <u>WARDEN</u> Status <u>C</u>		<u>162</u>	<u>330</u>	<u>0</u>	<u>0</u>	<u>492</u>
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Last Name First Name Title Status						
Totals		<u>162</u>	<u>1172</u>	<u>0</u>	<u>200</u>	<u>1534</u>

ORGANIZATION NAME:
ENDING DATE OF PERIOD COVERED:

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Totals						